

Form North Dakota Office of State Tax Commissioner
ND-2 Optional individual income tax return



2004

For 2004 CALENDAR YEAR, or other tax year beginning _____, 2004, and ending _____, 20____

Your name (First, MI, Last name)		
If joint return, spouse's name (First, MI, Last name)		
Mailing address		
City	State	Zip code

Your social security number

Spouse's social security number

Filing status used on federal return: (Fill in only one)	1. Single 4. Head of household	2. Married filing jointly 5. Qualifying widow(er)	3. Married filing separately Enter spouse's name
Residency status: (Fill in only one)	1. Full-year resident 2. Full-year nonresident 3. Part-year resident	School district code (See page 16)	Income source code (See page 8)

► Were you required to pay estimated federal income tax for 2004? Yes
No

► Check only if applicable: Amended
Extension

Tax computation schedule

1. North Dakota taxable income from Schedule 2, line 31, or Schedule 3, Part 1, line 29	(A) 1	_____
2. North Dakota income tax - Use Form ND-2 Tax Rate Table on page 14 of instructions to calculate tax	2	_____
3. Credit for income tax paid to another state (Attach Schedule 4)	(D) 3	_____
4. Credit for contributions to nonprofit private colleges in ND	(?) 4	_____
5. Credit for contributions to nonprofit private high schools in ND	(-) 5	_____
6. Long-term care insurance credit	(1L) 6	_____
7. Other credits (Attach supporting statement)	(1T) 7	_____
8. Venture capital corporation investment credit	(1K) 8	_____
9. ND Small Business Investment Company investment credit	(1B) 9	_____
10. Nonprofit development corporation investment credit	(1F) 10	_____
11. Qualified business seed capital investment credit	(1M) 11	_____
12. Net tax liability (Line 2 less lines 3 through 11) If less than zero, enter -0-	(E) 12	_____
13. North Dakota income tax withheld (Attach supporting W-2s and 1099s)	(F) 13	_____
14. Estimated tax paid (including extension payment on 2004 Form 400-EXT) plus overpayment applied from 2003 return	(&) 14	_____
15. Total payments (Add lines 13 and 14)	15	_____
16. Overpayment (If line 15 is greater than line 12, subtract line 12 from line 15. If line 12 is greater than line 15, go to line 21.) If less than \$5, enter -0-	(G) 16	_____
17. Amount of line 16 you wish to apply to your 2005 estimated tax	(1Q) 17	_____
18. Amount of line 16 you wish to contribute to the Watchable Wildlife Fund	(1P) 18	_____
19. Amount of line 16 you wish to contribute to the Trees For ND Program Trust Fund	(1D) 19	_____
20. Refund (Line 16 less lines 17, 18, and 19) If less than \$5, enter -0-	(1R) 20	_____
21. Tax due (If line 12 is greater than line 15, subtract line 15 from line 12) If less than \$5, enter -0-	(Z) 21	_____
22. Voluntary contribution to the Watchable Wildlife Fund (if tax due on line 21)	(1U) 22	_____
23. Voluntary contribution to the Trees For ND Program Trust Fund (if tax due on line 21)	(1E) 23	_____
24. Balance due (Line 21 plus lines 22, 23, and if applicable, 25) Pay to: ND State Tax Commissioner	24	_____
25. Interest on underpaid estimated tax from Form 400-UT	(1C) 25	_____

I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. **Privacy Act** - see inside front cover of booklet.

Your signature	Date	Your daytime phone number
Spouse's signature	Date	
Signature of paid preparer	EIN/SSN/PTIN	Date

OPR ☐

Tax Department use only

ND-2

- Attach a complete copy of your 2004 federal income tax return
- Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0550

**Schedule
2**

North Dakota Office of State Tax Commissioner
**Schedule for full-year resident using
Form ND-2**



2004
Form ND-2

A. Federal adjusted gross income from line 36 of Form 1040, or line 21 of Form 1040A, or line 4 of Form 1040EZ, or line I of TeleFile Tax Record ----- (H) **A** _____

1. Federal taxable income from line 42 of Form 1040, or line 27 of Form 1040A, or line 6 of Form 1040EZ, or line K of TeleFile Tax Record *(If zero, see page 8 of instructions)* ----- (I) **1** _____

North Dakota additions

2. Interest from state and local government obligations *(except North Dakota)* ----- (J) **2** _____

3. State and local income taxes from Form 1040, Schedule A, line 5 [However, see instructions if line A above exceeds \$142,700 (\$71,350, if married filing separately)] ----- (L) **3** _____

4. Other *(See instructions) (Attach supporting statement)* ----- **4** _____

5. Total additions *(Add lines 2, 3, and 4)* ----- (M) **5** _____

6. Balance *(Add lines 1 and 5)* ----- **6** _____

North Dakota subtractions

7. Interest from U.S. obligations ----- (N) **7** _____

8. Military pay exclusion ----- (O) **8** _____

9. Additional military pay exclusion for overseas duty ----- (2F) **9** _____

10. Military retirement pay exclusion ----- (#) **10** _____

11. Income from a federal civil service pension, a North Dakota city firefighter or police officer pension, or the North Dakota highway patrol pension fund ----- (Q) **11** _____

12. Interest income from sale of land to a qualifying beginning farmer ----- (2H) **12** _____

13. Rental income from leasing of land to a qualifying beginning farmer ----- (2I) **13** _____

14. Gain from sale of land to a qualifying beginning farmer ----- (2J) **14** _____

15. Interest income from North Dakota financial institutions ----- (2K) **15** _____

16. Interest income from sale of a business to a qualifying beginning entrepreneur ----- (2L) **16** _____

17. Rental income from leasing a business to a qualifying beginning entrepreneur ----- (2M) **17** _____

18. Gain from sale of a business to a qualifying beginning entrepreneur ----- (2N) **18** _____

19. Exclusion for investment in ND venture capital corporation ----- (2A) **19** _____

20. Medical expenses not allowed due to 7.5% of adjusted gross income limitation *(Enter smaller of line 1 or line 3, Sch. A, Form 1040)* ----- (R) **20** _____

21. Additional exemption: If your Filing Status *(at top of Form ND-2)* is Married filing jointly, Head of household, or Qualifying widow(er), enter \$300 ----- **21** _____

22. Other *(See instructions) (Attach supporting statement)* ----- (T) **22** _____

23. Total subtractions *(Add lines 7 through 22)* ----- (U) **23** _____

24. Balance *(Subtract line 23 from line 6)* ----- **24** _____

25. Federal income tax - see instructions for amount to enter on this line ----- (V) **25** _____

26. Adjusted gross income from line A at top of page ----- (W) **26** _____

27. If an entry was made on lines 7 through 18, or line 22, see the instructions for the amount to enter on this line. Otherwise, enter amount from line 25 on line 30, and go to line 31 ----- (X) **27** _____

28. Subtract line 27 from line 26 ----- **28** _____

29. North Dakota income ratio *(Divide line 28 by line 26 and round to nearest two decimal places. If line 28 equals line 26, enter 1.00)* ----- **29** _____

30. Federal income tax deduction *(Multiply line 25 by line 29)* ----- (Y) **30** _____

31. North Dakota taxable income *(Subtract line 30 from line 24)* Enter here and on Form ND-2, Tax Computation Schedule, line 1 ----- **31** _____